Therapeutic Communication

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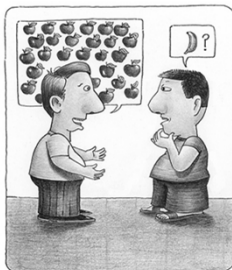
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N112 Syllabi

- Review your instructional objectives

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What is Communication?

- "the interchange of information between two or more people"

- "the exchange of ideas or thoughts"
  (Berman, p. 411)

- Communication is a process

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Why is Communication important in Nursing?

- Effective communication is essential for the establishment of a nurse-client relationship
- Nurses
  - Collect assessment data
  - Initiate interventions
  - Initiate change that promotes health
  - Evaluate outcomes
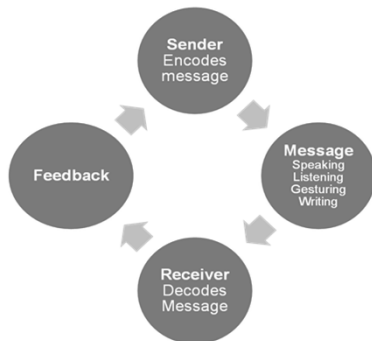
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What is Therapeutic Communication?

- Planned, deliberate, purposeful

- Goal: Form a working relationship with clients to fulfill the purposes of the nursing process

(Potter & Perry)

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Components of Communication

Sender
Encodes message

Message
Speaking
Listening
Gesturing
Writing

Feedback

Receiver
Decodes Message

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Sender

- **Encoder**
- A person or group who wishes to convey a message to another

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Message

- What is actually said or written
- Includes body language
- The medium (mode) used to convey the message is the **channel**
- Three main communication channels:
  – Visual
  – Auditory
  – Kinesthetic (tactile)

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Message, *cont.*

- Modes or channels are affected by:
  – physical & mental development
  – culture
  – education
  – life experiences

  * Appropriate e-mail/text etc.
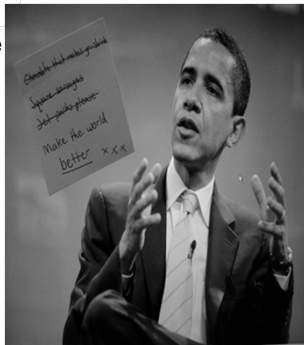
Receiver

- **Decoder**
  - Interprets the meaning of the message

- Primary sensory skill used in verbal communication is listening

- *Active vs. Passive

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Feedback

- Response or reaction

- The message that the receiver returns to the sender
  - Verbal
  - Non-verbal
  - Both

- Provides opportunity for clarification

- Self talk (problem)

That's enough healthy debate for one day

Verbal vs. Nonverbal Communication

- Verbal Communication
  - Use of spoken or written word
    - Electronic communication (technology)
    - Electronic Health Record
      - (EHR)
      - HIPAA: concern only access on a need to know basis

      - DHS LAC+USC: ORCHID
        Online Real-Time Health Information Database

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Verbal vs. Nonverbal Communication

- Nonverbal Communication
  - Gestures & postures
  - Facial expressions
  - Touch
  - Physical appearance

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- Approximately, 80% of communication is transmitted by body cues
- Body language can communicate more than spoken words
- Unconsciously motivated & may be more accurate in expressing intended meaning

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Communication & Culture

- Transcultural nonverbal communication varies widely
  - Personal space
  - Smiling
  - Handshaking, touch
  - Eye contact

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Criteria for Accurate Communication

- Congruency in Communication

  – The verbal & nonverbal aspects of the message should match

  – If the nurse's communication is congruent, the client is more likely to TRUST the nurse
    - "Dressing change"

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Criteria for Accurate Communication, *cont.*

- Pace

- Intonation (tone)

- Clarity & Brevity

- Timing & Relevance

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Interpersonal Attitudes

Facilitate Communication	Inhibit Communication
•Caring/warmth •Respect •<u>Acceptance</u>	•Condescension •Lack of interest •Coldness

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Attributes of an Effective Communicator

- Knowledge of communication principles

- Insight of own strengths and weaknesses

- Sensitivity

- Experience

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Elements of Professional Communication

- Professional appearance, demeanor and behavior (Image)
- Courtesy
  - knock before entering, "hello"/introduce yourself to your patient
- Privacy & confidentiality
- Trustworthiness
- Autonomy & responsibility
- Assertiveness

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Attentive Listening

- Actively listening
  - Active process, requires energy and concentration

- Listening to the total message (verbal & nonverbal)

- Most important technique in effective communication

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- "When people talk, listen completely. Most people never listen."
  - Ernest Hemingway

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Physical Attendance

- "Posture of Involvement"
  – Berman, Box 26-1, p. 420

SOLER

- S- Sit facing the client
- O- Open posture
- L- Lean toward the client
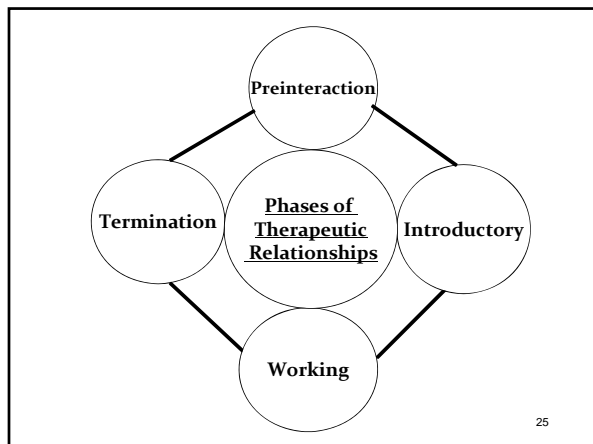- E- Establish and maintain intermittent eye contact
- R- Relax

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Social vs. Professional Relationships

- **Social**
  - No specific purpose
  - Getting acquainted
  - Non-threatening
  - Unlimited

- **Professional**
  - Therapeutic
  - Dynamic
  - Client directed (focus on client's wellbeing)
  - Goal directed
  - Time limited

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Phases of Therapeutic Relationships: Preinteraction, Introductory, Working, Termination

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Preinteraction Phase

- **Planning stage** before the face to face meeting
  – Review the clients name, medical hx, labs, report from previous shift, etc.

- The nurse may have some anxiety prior to meeting the patient

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Introductory Phase

- Orientation phase or prehelping phase

- Initial encounter of "getting to know each other"

- Developing trust

- Three stages of the introductory phase

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Three stages of the Introductory Phase

1. Opening the relationship
   – Set a tone

2. Clarifying the problem and expectations

3. Formulating the contract
   – Setting goals; focus on priorities
   – Timeline

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Working Phase

- Two main stages
  1. **Exploring & understanding thoughts and feelings**
     – Empathetic listening and responding
     – Respect
     – Genuineness
     – Concreteness (trip & fall)
     – Confrontation (point out discrepancies)

  2. Facilitating and taking action

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Termination Phase

- End of the nurse-client relationship
- May reminisce (summarize)
  – "Look how far you have come…"

- Start termination discussion in advance
  – Helps ease the patient's transition

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Therapeutic Communication Techniques <small>Berman p. 420-421</small>

- **Using Silence**
  - Takes time and experience to become comfortable with silence
  - Dx: Cancer, death, surgery etc.

- **Providing general leads**
  - "Perhaps, you would like to talk about…"

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Therapeutic Communication Techniques (cont.)

- **Use open ended questions**
  - "What brought you to the hospital?"
  - "Tell me about…."
  - "How do you feel today?"

- **Using touch**
  - Remember cultural considerations

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Therapeutic Communication Techniques *cont.*

- **Restate or paraphrase**
  - Client: "The Doctor told me that I need surgery tomorrow, but I am afraid that I may die during anesthesia"

  - Nurse: "You are concerned about the anesthesia?"

  - Client: "Yes, my uncle died in the operating room three years ago"

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Therapeutic Communication Techniques , *cont.*

- **Clarifying**
  - Rationale: To confirm accuracy of information
  - "I'm not sure I understand what you mean by 'sicker than usual.' What is different today?"
- **Be specific**
  - "On a scale of 0-10, tell me what your pain level is"

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Therapeutic Communication Techniques , *cont.*

- **Providing Information**
  - Tell the patient what they need or want to know

  - "This medication can make you feel that your heart is beating faster. It is normal and should subside within few minutes"

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Therapeutic Communication Techniques , *cont.*

- **Acknowledging**
  - Giving recognition regarding a change in behavior
    - "I notice that you are squinting your eyes Are you having difficulty seeing?"

- **Presenting reality**
  - "Your magazine is here in the drawer. It has not been stolen"

- See Berman, pp. 420-421 for more examples

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Documentation

- Form of communication
  - Dr.'s Orders
- Clear, concise & complete
- Legible handwriting
- Process recording
  - Verbatim (word for word recoding, including verbal and nonverbal interactions)

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SBAR

- Framework for nurse/physician communication
  - **Situation:** State your name, unit, client's name & briefly state the problem
  - **Background:** Admitting dx & hx (pertinent)
  - **Assessment:** current problem
  (vital signs, pain, change from baseline status)
  - **Recommendation:** recommendation that addresses client's need

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SBAR

Situation: *Patients name, ward & room #*

Background: *Admitting Dx. & allergies*

Assessment: *Pain level of 8/10 and PRN meds are ineffective*

Recommendation: What you want to happen to optimize client outcomes: *Could you order a pain medication for breakthrough pain please*

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SBAR

- Purpose:
  - A Joint Commission National Patient Safety Goal #2:
    - **To Improve The Communication Among Caregivers**

    - DHS Class: Say It Right the First Time
    - Many more changes to come!!

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Hand Off Communication

- Effective communication is vital to optimizing the quality and safety of patient care delivery as well as reducing costs associated with avoidable errors

- When hand off communication is done properly, it promotes continuity of care and patient safety

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  - 2012 DHS Inpatient Annual Core Competency Study Guide (Licensed Nursing)

Three Common Disruptive Behaviors Reported by Nurses

- Incivility

- Lateral violence

- Bullying

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Incivility

- "Rude or disruptive behavior that may result in psychological or physiological distress for the people involved and, if left unaddressed, may progress into threatening situations" p. 431
  - *Withholding vital client information*

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Lateral Violence

- "Physical, verbal or emotional abuse or aggression directed at RN coworkers at the same organizational level" p. 432

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Bullying

- "Repeated, unreasonable actions of individuals (or a group) directed towards an employee (or a group of employees), which are intended to intimidate, degrade, humiliate or undermine;" p. 432

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End of Shift Summary(EOSS)

Remove Spring, 2016

- You will **not be charting an EOSS** in first semester

- **You will be giving a verbal "handoff" communication**

- EOSS is the evaluation phase of the nursing process
  - Purpose: Continuity of care

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Key Elements for Effective Handoff Communication

- Elements & Responsibilities (Berman, p. 237 box 15-3)
  - Up-to-date information
  - Interactive communication (allow for questions/clarification)
  - Verify information when necessary (repeat back)
  - Minimal interruptions
  - Opportunity for receiver to review relevant client data
    - LAC+USC: Kardex/ MAR/ walking rounds
    - Example: All staff in conference room (small ward 8A)

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Hand Off Communication

- Patient's name
- Diagnosis/ Allergies
- Current V/S & pain score
- Latest tx & procedures
- Pending tx/procedures/ lab tests
- Holds or isolation precautions
- Safety issues- falls, pressure ulcers, suicide risk

  - 2012 DHS Inpatient Annual Core Competency Study Guide (Licensed Nursing)
  - Standardized approach

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Blocks to Therapeutic Interactions

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Blocks to Therapeutic Interactions

- Failure to listen
- Improperly decoding the client's intended message
- Placing the nurse's needs above the client's
- Being defensive
- Challenging
  - See Berman, table 26-2, p. 422

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Blocks to Therapeutic Interactions, *cont.*

- Defensive responses
  - "The nursing staff is very competent."

- Reassuring
  - "Don't worry about that."

- Advising
  - "I think you should….."

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Blocks to Therapeutic Interactions, *cont.*

- Belittling the clients feelings
  - Pt.: "I don't have anything to live for"
  - Nurse: "Everyone gets down in the dumps"

- Stereotyping

- "Elderspeak" p.418

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Blocks to Therapeutic Interactions, *cont.*

- Changing the subject

- Arguing
  - "How can you say you haven't slept all night, when I came in to your room, I heard you snoring"

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Blocks to Therapeutic Interactions, *cont.*

- Poor data collection
- Inappropriate nursing diagnosis
- Lack of planning by the nurse

LACK OF PLANNING
ON YOUR PART,
DOES NOT CONSTITUTE
AN EMERGENCY
ON MY PART.

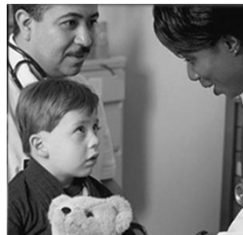## Challenging Communication Situations

- Anger
- Grieving
- ALOC – confused patients
- Demanding patients
- Silence
- Anxious
- Language barrier

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Health Interview

- Nursing interview vs. social conversation

- Purpose
  – Goal directed
  – Client focused

- Guidelines
  – Utilize Therapeutic Communication techniques

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The Nurse-Client Relationship

"People will forget what you say to them. However, they will never forget how you make them feel"

-Anonymous

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